

PTO  
04/27/01  
94-30-01

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	089984-0276267
First Inventor	Brian Seong-Gon Kim et al.
Title	Apparatus and Method That Categorize A Collection of Documents Into a Hierarchy of Categories That Are Defined By The Collection of Documents
Express Mail Label No.	EL754038065US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231
A  
09/04/01  
04/27/01  
PTO/844040

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 27]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
- Oath or Declaration [Total Sheets 2]
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
8.  Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney *(when there is an assignee)*
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16.  Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	27271	or <input checked="" type="checkbox"/> Correspondence address below
Name	Mark C. Pickering	
Address	50 Fremont Street	5 <sup>th</sup> Floor
City	San Francisco	State CA
Country	USA	Zip Code 94105
Telephone	(415) 983-1297	
Fax	(415) 983-1200	

Name(Print/Type)	Mark C. Pickering	Registration No. (Attorney/Agent)	36,239
Signature			Date 4-27-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMISSION

For FY 2001

*Patent Fees are subject to annual revision.*

Express Mail Number EL754038065US

TOTAL AMOUNT OF PAYMENT

\$566

*Complete if Known*

Application Number	NEW
Filing Date	Herewith
First Named Inventor	Brian Seong-Gon Kim et al.
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Document No.	089984-0276267

## METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

03-3975

PILLSBURY WINTHROP LLP

Deposit Account Number & Deposit Account Name

- Charge any additional fees required under 37 CFR §§ 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27.

## 2. X Payment Enclosed:

- Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

LARGE ENTITY		SMALL ENTITY		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility	355
106	320	206	160	Design	
107	490	207	245	Plant	
108	710	208	355	Reissue	
114	150	214	75	Provisional	
<b>SUBTOTAL (1)</b>				355	

### 2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	39 - 20 **	= 19	x 9	= \$ 171
Independent	3 - 3	= 0	x 40	= \$ 0
Multiple Dep.		*		= \$ *

\*\* *Or number previously paid, if greater; for Reissues, see below:*

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claim in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue ind. claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				\$171

## SUBMITTED BY

Pillsbury Winthrop LLP  
 50 Fremont Street, 5<sup>th</sup> Floor  
 San Francisco, CA 94105-2230  
 Telephone: (415) 983-1000  
 Facsimile: (415) 983-1200  
 Customer No. 27271

Date: 4-27-01

By: Mark C. Pickering  
 Mark C. Pickering, Reg. No. 36,239